STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012706	A. BUILDING _____ B. WING _____	R-C 09/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTI	3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the investigation of Complaint IN00110897 completed on 06/29/12. Complaint IN00110897 was corrected. Survey Date: 09/19/12 Facility number: 012706 Provider Number : 012706 AIM: N/A Survey team: Susan Worsham RN Census bed type: Residential: 25 Total: 25 Census payor type: Other: 25 Total: 25 Sample 03 Autumn Hills Alzheimer Special Care Center was found to be in compliance with 410 IAC 16.2 in regard to the PSR to complaint IN00110897. Quality review completed 9/20/12 Cathy Emswiller RN	{R 000}		